

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 AM 8:39

DOCUMENT # **N17320** (5)

1. Corporation Name  
**DADE COUNTY FIREMEN'S BENEVOLENT ASSOCIATION, IN C.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
6000 SW 87 AVENUE 8460 SOUTHWEST 58TH STREET MIAMI FL 33173 US		P.O. BOX 1252, N/A 8460 SOUTHWEST 58TH STREET SOUTH MIAMI FL 32243 US		10/15/1986	03/01/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For / Not Applicable
21		26		23-7034889	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
POITRAS, GARY 8460 SW 58TH ST SOUTH MIAMI FL 33173				81 Name	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83	
				84 City	FL
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD POITRAS, GARY R 8460 SW 58TH ST MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	SD DIAZ, BRUNO 1025 NE 119 ST BISCAYNE PARK FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD ALEXANDER, DONALD 19800 SW 180 AVE #340 MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D SWEDLER, BERNIE 900 ALTA VISTA TERRACE DAVIE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D ADAMS, JAMES 9970 SW 86 STREET, APT 17 MIAMI FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GARY R. POITRAS GARY R. POITRAS 1/22/95 305-271-3890  
(Signature) (Typed Name)

Internal Revenue Service  
District Director  
P.O. Box 1055  
Atlanta, GA 30365

Department of the Treasury

Date: BH SEP 09 1992

DADE COUNTY FIREMAN'S  
BENEVOLENT ASSOC., INC.  
P.O. BOX 1252  
SOUTH MIAMI, FL 33243

Employer Identification Number:  
23-7034889  
Tax Year:  
DECEMBER 31, 1989  
Person to Contact:  
MARIA E. FAUNDE  
Contact Telephone Number:  
305-424-2500  
Form Number:  
990  
IRC Section:  
501(c)(4)


Dear Sir or Madam:

Our examination of your return for the year indicated above disclosed that you continue to qualify for exemption from Federal Income tax. We will continue to recognize your exemption under the Internal Revenue Code section indicated above.

During the examination we noted certain aspects of your operation and/or reporting inadequacies which, if expanded or not corrected in subsequent years, may jeopardize your exempt status or subject you to applicable penalties. Please refer to the attachment to this letter for an explanation of these items.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

  
Paul Williams  
District Director